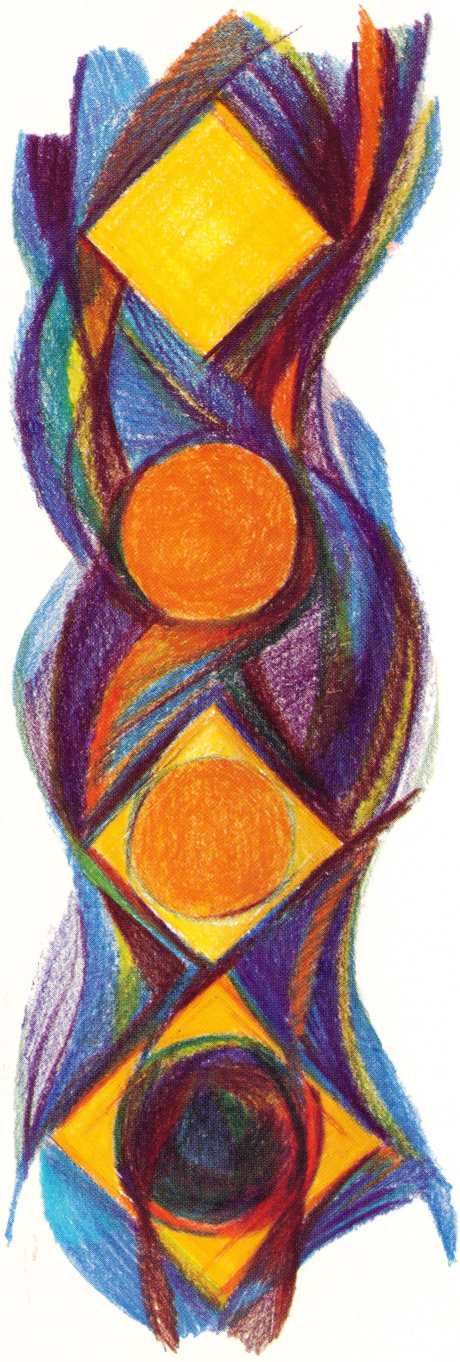
November-December, 1965

MEDICAL MISSIONARY

Themes of the Church Today
VI
SERVICE



Service speaks concern of man for men.
It responds, acts, heals, supports, builds,
becomes all things to all men.

Service is true greatness.
It is the one privilege a Christian seeks:
to give oneself utterly to the endless needs of others.
To the Servant, it is others who are important.
It is their good he seeks.

Christ spent His life "serving many faithfully" . . .
"laying down His life." He washed our feet
and showed us the essential posture of a kingly people—
bending to lift another up.

Service born and fashioned of Christ's love,
is a Christian's royalty, a Christian's joy.
The splendor of service is achieved in the rhythm of rapport.
Man meets man and reads his need.
Man meets God and answers with all his heart and skill.

Such service is worship
and worship is a commitment to such service.
Service is a Eucharist lived out.

Sr. M. Lawrence, S.C.M.M.

THE MEDICAL MISSIONARY

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Cover: Sister M. Teresita comforts a young Bengali boy, critically ill with kala-azar at St. Michael's Hospital, Mymensingh, East Pakistan.

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THIS ISSUE...

Our theme for November-December is SERVICE. Today the word is being used very loosely to designate a multitude of things, with the consequent danger of losing the true dimension of the concept. The Peace Corps is calling young people to a role of service beyond the borders of our own country. Uncle Sam is calling young men for military service. Service appears as a highly advertised commodity on the market. It is used for a "hard sell." Airlines vie with one another in "gracious service"; we are billed for professional services; service decides whether you will go back a second time to a certain restaurant. Good or bad, complete or incomplete, reliable or not—this is how service is defined. What a difference there is between the kinds of service delineated above and service which is Christian to the core. Actually, the difference lies not so much in the end product—the service itself—as in the person who serves. Christian service comes from within and is truly rendered for the good of the other. It is genuine, beautiful, a noble thing. People sense this at once. If, on the other hand, service is "used" as a sort of technique or approach for the gain of the one who seems to serve—service in order to "get," not in order to "give"—then it is counterfeit and stripped of its authentic value. Only a true servant can be a master of genuine service.

In many areas of our work as MEDICAL MISSION SISTERS, we are privileged to be the servants, letting the needs of the sick dictate our daily response. To be acceptable servants, we have to learn that the care of the sick in Jordan, as pointed out by Sister M. Mercia in her article FOR PRINCES AND PAUPERS, will have a quality special for those people and make unique demands on us. These unique demands become unique opportunities, if we are really intent on service. This lesson is a major one to pass on to the young people of a country who come to us for nurses' training. Sister M. Roberta, nine years the Director of the Nursing School at Holy Family Hospital, Rawalpindi, West Pakistan, speaks from first-hand experience when she discusses the subject DEVELOPING A SPIRIT OF SERVICE.

Genuine service can be greater or less, depending upon how hopeless a man's condition is, how destitute a country is. For young Indian Medical Mission Sisters—RICH IN PROMISE—whom Sister M. Benet is training at the novitiate in Poona, India, the service they will be able to render to their own needy people will be an even greater contribution than if they were to serve in a land where conditions are less urgent. These Sisters bring a delicate finesse to their servant role, moving as they do among their own people. Not working as isolated individuals but in conjunction with many others like the WVA volunteers described by Mary Ellen Dougherty in VOLUNTEERS FOR SERVICE, our service can be broadened and deepened to the measure of Christ. We are all called to serve to a degree but some of us more than others, since we have been set apart and committed to ministry. As MEDICAL MISSION SISTERS we ask to grow more worthy of the title "servants of the sick."

DEVELOPING

a spirit of SERVICE

This is not a general report of how the Medical Mission Sisters in their many Schools of Nursing in various parts of Asia, Africa and South America develop the spirit of service in their student nurses. Nor is it a psychological analysis of how the spirit of service develops in student nurses. Nor is it a teaching blueprint for developing the spirit of service in student nurses. It is a short account of how most student nurses at a particular hospital in West Pakistan do, with the help of some natural assets and despite some liabilities, gradually develop a spirit of service during their course in nursing.

The term "develop" means to make something unfold, open out, grow, advance, evolve; so of course it means that something was there to start with. But just what spirit of service is present when one of our probationers begins the course of nursing?

Our girls in West Pakistan have a natural and culturally fostered attitude of kindness toward others. A Pakistani is ordinarily very courteous. He hates to refuse or disappoint anyone. This is a great asset for nursing, but it is not an unmixed blessing. To illustrate: I once, in my unexperienced first months in this country, spent a full day shopping for something which the hospital badly needed. It was

absolutely unobtainable, and every shopkeeper I went to knew this. One even tried to tell me so, but when he saw my disappointment, made haste to say, "Try such-and-such a store. They may have it." The other shopkeepers did the same, and I was referred from one dealer to the next the whole day. By evening I was exhausted, hadn't any of the items we wanted to buy, had wasted plenty on rickshaw fare, and had learned a lesson which is still fresh. The courtesy of these kind-hearted people inclines them to answer what they think you want to hear.

Among our Pakistanis there is a warmth and depth in casual human relationships with members of one's own sex. This is another asset. I've gotten quite used to being asked how old I am, where do I work, how much am I paid, how many children have I, and What! Why haven't I gotten married?—all in the first few minutes of a bus ride into the city, by a female seatmate I had never laid eyes on before. I find it a charming trait and ask all the appropriate questions in return. It doesn't surprise me to see two strangers in the Out-Patient Department act like old friends one minute after sitting down on the same bench. The nurses carry this trait with them into the profession, and although it needs a little pruning, it is a great help in easy, comfortable nurse-patient relationships. And the spirit of friendliness is only one step away from the spirit of service.

Another great asset is religious motivation. Girls here don't seem to shy off from letting religion influence their actions, and both the Muslim Holy Koran and the Christian Holy Gospels have plenty of pertinent instructions on helping one's neighbor. There is a great variation in how much this influences each individual student, of course, but it is a factor, and a very powerful one.

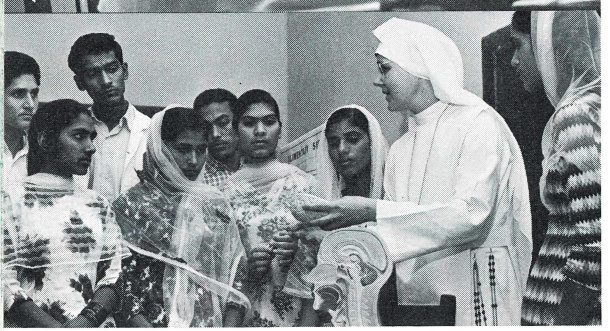
Student nurses learn to ply the tools of their trade under Sister M. Roberta's watchful eye.

Then there is the fact that service is a cultural ideal. A government employee always defines his occupation as "government service," a soldier is in "military service." And the stock answer which our applicants give when asked why they want to become a nurse is, "So I can serve my country."

This brings us to the basic mo-

tivation for nursing, a service profession. Do the girls enter nursing because they want to help others? (Remember I am speaking only from my own observation and experience in West Pakistan.) I don't think so. For one thing, the decision to become a nurse is not usually made by the girl herself. Her elders decide. Though her unwillingness may change the final decision of the family, it is the father and mother, uncles and aunts, who actually initiate the proposal, weigh the pros and cons, and then tell the girl what they would like her to do. At least, this is what my students tell me; though they sometimes add with a twinkle in their eye that they did some hinting on the subject; or some weeping, if the decision wasn't coming the way they wanted it. I have never had a student who told me that her family forced her to take up nursing, though I have met several women who said they had wanted to become a nurse, but their father refused to allow it. So the girl who has entered the School of Nursing came because she was willing to come, even though it was not her own unassisted decision. What motivated her to be willing to come? The financial advantages of a professional qualification, the security it offers, the opportunities it gives for advancement—all these enter in. Very often an important

Visual aids are helpful in concretizing an anatomy lesson.



Sister M. Roberta, Director of the School of Nursing, gives a demonstration to student nurses.

consideration is the prospect of immediate help for the family. In this country student nurses receive a small stipend in addition to their education, food and lodging, so they can send a few *rupees* home each month. In fact, some applicants who weren't cued in on the "to serve my country" answer, reply to "Why do you want to be a nurse?" with "My father is a poor man and I want to help him." There is also the delicious prospect of living away from home, seeing new things and meeting new people and having a little money to spend and freedom to spend it; and maybe a real interest in advancing in knowledge. Life for girls and women in the purdah system is so restricted that I heard one of our Sister-doctors say, after a morning in the O.P.D. listening to psychosomatic complaints, "The chief disease of women in this country is BOREDOM!"

But doesn't a desire to serve form any part of our girls' motivation to enter nursing? Yes, it does. The desire to help others is definitely present in every feminine heart. It may not have germinated at age seventeen, but the seed is there, and alive. How does it develop, and what do we do to cultivate it?

To a large extent, it grows naturally. We teach the girls how to give good nursing care. Then they give that care to a sick person. The person feels better and shows it. The student is delighted, and the joy she gets from her patient's gratitude (either expressed, or just observable in the increased comfort) wakens the desire to help again, to serve patients. The seed has started to sprout.

Before this, in fact usually on the first or second day in the School of Nursing, I have a favorite gimmick I use to try to get the first year students started with the correct attitude. Right after they have made the grand tour of the hospital and have been introduced to all the members of the hospital staff who head departments, I ask, "Now who do you think is the most important person in the hospital?" Once my name has been politely suggested and refused as an incorrect answer, they really start thinking. They name the Medical Superintendent, the Administrator, Nursing Service Director, and on down the list with increasing puzzlement till they are at a complete loss. Then I give the punch line: It is the PATIENT! With the impact of that new idea fresh in their minds, we develop the point that serving the patient is the whole purpose of the hospital, and ultimately, even of the School

of Nursing.

Our school song, which the girls sing with great gusto, has a line which goes, "In our free time we have lots of fun, but we care for patients *first*. We are proud to bear the title of a Holy Family Nurse." Perhaps some of that soaks down into the subconscious and nourishes the seedling attitude toward service to the sick.

The classroom of course is the easiest place to influence students. "When you have given the patient a good back rub like this, she feels so much better. And doesn't that make you feel good, too?" And on another occasion, "You know, sometimes nurses answer patients very nicely, and promise to do this or that for them, but then they forget and don't do it. Do you think that is being a good nurse? Why do we forget to do something for patients? Don't you think that sometimes it is because we really don't want to do those things, because we are a little bit lazy? I think so. And I think that a really lazy person is deserving of our *pity*. Someone who is always trying to avoid work loses some of the best joys of life. She never feels the pleasure of accomplishing a work well done. We should feel sorry for her." At another time, "Don't we have a wonderful profession? When we help other people, we are not only earning our living, we are serving God by loving our neighbor and helping him. We get double reward for our work!"

Corrections are a part of growing, too. It takes time and effort to learn to be observant of others' needs. A student who comes to the patient's bedside to give an injection and watches the patient painfully struggle to turn on his side, without moving to assist him, needs to be corrected, so that the next time she will notice this need herself. But even more valuable than corrections is a hearty "Well done!" when it is merited.

The obstacles to a spirit of service: selfishness, laziness, the student's concern for her own advance in knowledge as the primary object in patient care, distaste for menial work, discouragement when her efforts are not appreciated. These are common to the human race. They can hardly be uprooted, but they can be overshadowed and perhaps even smothered, by the growth of the spirit of service.

I have saved until last that which I personally think is the most potent factor in fostering the spirit of service: example. The other influences for it can be negated if the students do not see service being given, and given at the cost of personal inconvenience, given routinely, and as an expected part of the privilege of caring for the sick. And they do see that. They see it being given cheerfully. They come to realize that helping others is a natural function of love of neighbor. It is a part of full human adulthood. It is a joyful thing to see so many of our Pakistani nurses who at the end of their four years' course have developed the spirit of service as an integral part of their personalities.

Sister M. Blaise's loving concern finds a ready response in 20-month old Samia.

■

Prince Mohammed (brother of King Hussein of Jordan), Princess Ferial and little Prince Tallal, born at Muashir Memorial Hospital in July, 1965.

■

Doctor Muashir and Sister M. Victoria congratulate the hospital's 1000th admission.

■

A Bedouin mother and child.

■

Muashir Memorial Hospital, Amman, Jordan.

for Princes and Paupers

It was in September 1961 that we first began working in a new part of the Muslim world, among the Arabs in the Holy Land. The privilege of partaking in this new venture was shared by Sisters from our American, Dutch, English and Indian houses, making the new foundation international in character. We arrived in Amman, Jordan, to find a beautiful hospital already constructed through the unflagging energy and zeal of a single Jordanian family, Doctor Sa'd Muashir and his five elder brothers.

Jordan is at the cross-roads of the world, a point where East meets West with all the contrasts that it entails. Age-old traditions, people from all walks of life, varied nationalities with contrasting creeds are tasting the benefits of modern medicine. All may be seen at Muashir Hospital. Muslim,

BY SISTER M. MERCIA

Greek and Orthodox patients feel equally at ease there. Bedouin robes, complete with shining daggers, may be seen side by side with the latest Western styles. Any language and many different Arabic dialects may be heard every day among the patients and their enthusiastic visitors.

Our apostolate in Jordan, as it is in all our missions, is to give ourselves to all, the poor, the middle classes, the rich and influential, those burdened with heavy responsibilities in government circles and even those in royal households, and in this way show forth Christ. Our service, in order to be true, must be effective as well as affective. We need to put our talents, our knowledge and our skill at the service of all in the form of the very highest standard of medical care.

What is the standard of our medical work in Jordan? Perhaps this can best be illustrated by meeting several of our patients.

A few months after the opening of the hospital, little Samia, the 20-month-old daughter of Greek Catholic parents, fell on her head from a balcony two stories high. The little girl was rushed to the nearest hospital by the anxious father, whose wife was away in Beirut, only to be told that the child's condition was hopeless. There was nothing that could be done. Refusing to accept defeat, he brought the unconscious child to our hospital. X-ray diagnosis revealed a closed fracture of the parietal bone and much intracranial bleeding. There was no time to be lost. Gently the child was anesthetized and the craniotomy proceeded. Attentive nurses received Samia from the operating room. Ice packs were placed on her head, but severe convulsions shook her body every five minutes. By the time Samia's mother had flown from Beirut, the sturdy little frame was battling well against this grave threat to her life. New hope began to dawn and it became apparent that Samia would live.

The big question remained. Would Samia make a complete recovery or had the brain been permanently damaged? She had been an extremely intelligent and lively child, the apple of her parents' eyes. For days she lay in a semiconscious state, recognizing no one, constantly turning her head to the right. However, the convulsions grew less frequent. Finally she regained full consciousness and behaved like a normal but sick child. The day came, only three weeks after that dread fall, when Samia was discharged. She has come back to visit us many times, a vivacious little girl with unimpaired intelligence and gaiety.

Little Ibrahim was a handsome young man of 4 years and 8 months, with big black eyes that looked defiantly into the faces of his "captors," the nurses and orderlies on our ground floor ward. No overtures of friendship or enticement were acceptable to Ibrahim except bananas. To everything and everyone else he would vehemently respond *"bidoosh"* which, in his Arabic dialect, meant "I don't want it!" The cause of Ibrahim's lack of energy had been accurately diagnosed by Dr. Muashir as patent ductus. A very simple but delicate operation was performed and careful nursing and the devoted companionship of all the patients and staff on his floor soon had Ibrahim back on his feet. He was lord of all he surveyed. He could run and play games with the same energy as other children. Modern medicine had performed another "miracle."

Ahmad Naser, a young man of 23, had a bad accident in Saudi Arabia. He was transferred to our hospital in Jordan, suffering from severe back pain and paralysis of both legs. He arrived in acute pain with little prospect of ever walking again. He was taken to the operating room and a bone graft was performed to fuse the four badly

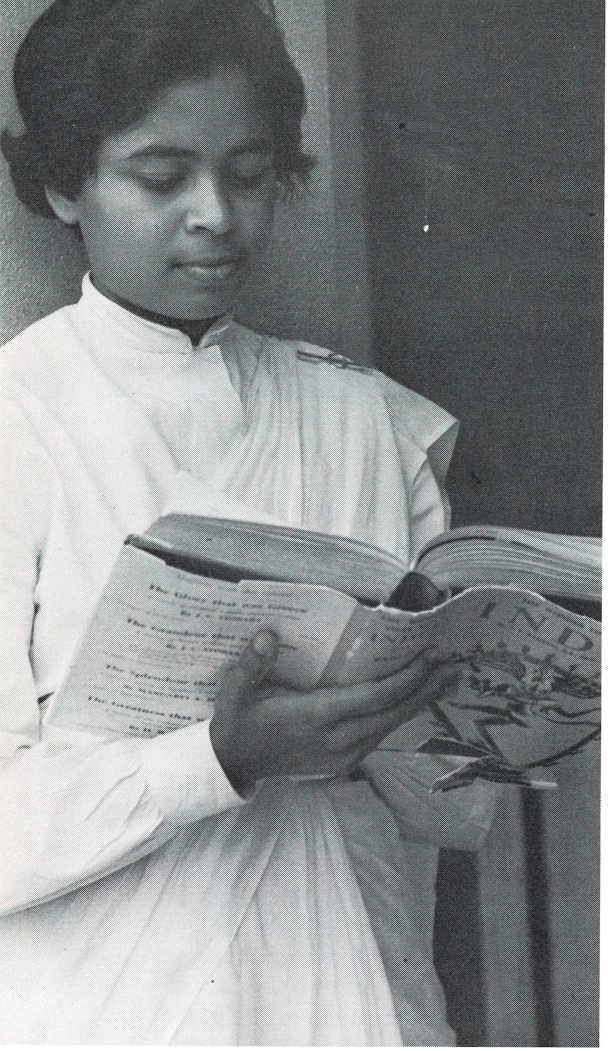
fractured lumbar vertebrae together. Ahmad lay on his back for many long weeks, his spine held rigid in a plaster cast. With calm patience, he endured all without complaint. Slowly the bones knit together, the cast was removed, and Ahmad was able to stand. Soon he could join the other patients on a stroll into the garden. After 25 weeks, Ahmad returned to Saudi Arabia with a new lease on life, leaving behind him a whole world of new friends here in our hospital.

July 26, 1965, was a day of great excitement. For months we had known that Princess Ferial, the beautiful wife of Prince Mohammed (King Hussein's brother), expected to have her baby in our hospital. At 4 a.m. the Queen Mother, the mother of Ferial, and Princess Muna, the wife of King Hussein, accompanied the Princess to the hospital, moving quietly so as not to awaken the other patients. The moment the Baby Prince Tallal was born, the Queen Mother in her excitement kissed Sister Victoria on both cheeks.

What jubilation followed the birth. Sister Bernard brought the Baby down to the Baby Room while the soldiers stood at attention and saluted the new Prince. Special waiters that had come with the Royal Family served a delicious grape drink from silver trays to all the personnel, patients, Sisters and guests. The whole hospital rejoiced. Car after car of soldiers arrived at the hospital. They danced the traditional dance, the *"Dubkee,"* to the music of a bagpipe. The ceremonial shooting of guns went on endlessly until the Uncle of the King arrived and put a stop to it.

On the afternoon of the second day the famous Arab Legion Band came to play in front of the hospital, alternating bagpipes and brass. They returned the following day, playing soft music while everyone awaited the arrival of King Hussein from Paris. The King's plane flew over the hospital with an eight jet escort that evening. Not long after, His Majesty drove up to Muashir Hospital to see his first nephew prince. He proceeded to the Baby Room, then to see the Princess as all clapped. Later that week the Royal Family, preparing to leave the hospital, gave a gift of money to each member of the hospital staff, a special decoration and a gold watch to the doctor who delivered the Prince, and they presented the Sisters with an organ. The Queen Mother had noticed that the chapel didn't have an organ, so she ordered one secretly from Beirut as a surprise "thank you."

You have met a few of our patients and seen the variety of backgrounds and ailments that come to our hospital. We are proud to say that, more and more, Jordanian and Saudi Arabian families who previously went to Cairo or Beirut or even to London for major surgery are coming to rely on the Muashir Hospital with confidence. All are welcome. As they experience the hospital's concern for the well-being of each one who comes, patients soon lose their fears and learn to trust these strange people whose one desire is to help them.

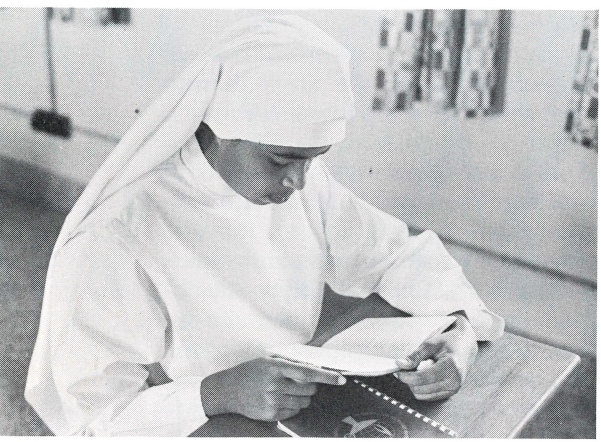


If I really want to be of service to my country, I must study diligently.

The Religious Sister in India, as everywhere else, is in the process of re-assessing her place in the scheme of things. She is exploring the ways in which she can best serve the secular society in which she belongs and, in so doing, bear witness to the God of love to whom she has consecrated her life.

In America and Europe, when we speak of serving our country, we generally think in terms of public office: the armed forces, public institutions and the like. In a country like India, however, where the very concept of nationhood has not yet come of age, service to one's country takes on remarkably broader and deeper dimensions. The fact that India is still in the formative stage as an independent republic is a challenge to all its citizens to take an active part in the shaping of their country. All sorts of contributions and talents are required.

rich in



Learning the Rule begins early in the novitiate. Living it will take a lifetime.

India is a vast land composed of

Sister M. Benet, Mistress of Postulants and Novices in Poona, knows her young charges are rich in promise.

promise

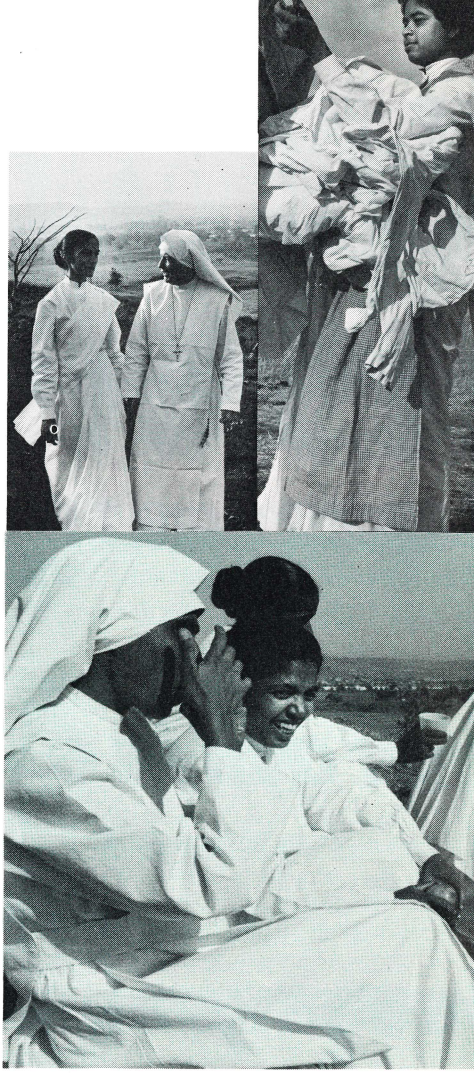
BY SISTER M. BENET

areas as different from one another as are the countries of Europe. The differences are not merely topographical ones. The language, the culture, dress, religious practices and even, in many instances, racial stock are completely different from one section of the country to the other. Hinduism, with its social and cultural as well as religious laws has, through the centuries, been the chief unifying factor. But even within Hinduism, the caste system split up the population into countless groups, many of them mutually exclusive. The members of other religious bodies which formed the minority groups —Muslims, Parsees, Christians, etc. —to ensure survival, tended to shut themselves up within their own group boundaries and to keep aloof from their Hindu surroundings. Among the Catholics themselves, differences of Rite brought about almost total separation in a region, and even within the same city. The relations between the numberless groups ranged anywhere from distrust and fear to profound esteem and respect. Out of this social and cultural medley the Fathers of Indian Independence have fashioned a single nation as far as political structure goes, and their achievements are tremendous. But the undercurrents of resistance to change and to the abdication of local values for the sake of more general ones will take a long time to disappear. The failure of the recent attempts to make Hindi the official language of India is a good example of this.

It is into this patchwork world that the Indian Sister must penetrate and to which she must show forth, through her undiscriminating love and devotedness, the true brotherhood of man under the one

fatherhood of God. She must show also that her Christianity does not in any way make her less Indian, but rather that, because of it, she is capable of being a faithful and devoted citizen. She brings to the task an abundant fund of ability for work and for sacrifice, a good sense of responsibility and that capacity for dedication to a cause which crowded the British jails during the time of the Independence Movement and which has produced such outstanding examples of personal commitment to an ideal, as Mahatma Gandhi, Nehru, Vinoba Bhave and, on the feminine side, Amrit Kaur, Sushila Nayyar, Mrs. Vijayalakshmi Pandit, and others.

However, she also brings with her, along with the talents and gifts, all the limitations imposed upon her by the cultural patterns of the area where she was born and raised: the language, customs, views and prejudices. These often have to undergo a radical change, involving a good deal of personal detachment before the "Indian," rather than the Bengali or the Malayali or the Punjabi, can blossom forth.



The girls who have been in our Novitiate in Poona since its opening in 1951 have come from various areas of the country. For some it has been their first contact with girls of regions other than those of their origin, and their first exposure to food, habits and language different from theirs. This fact alone presents an opportunity for enrichment and for experiencing in miniature what the whole country is striving after: real understanding and unity in the midst of variety. In the Novitiate, too, Hindi is taught as part of the normal curriculum, since the majority of the novices and postulants do not come from Hindi speaking areas. This is an immediate preparation for a more effective apostolate in the future.

Later on when, as a full-fledged Medical Mission Sister, the young Indian Sister takes her place on the staff of one of the hospitals of the Society, she can, as a professional woman, help in the training of badly needed medical personnel, help to influence policy-making

Sister M. Benet counsels a new arrival to the Poona Postulate.

No matter where you live, there is always laundry to be done.

Recreation is a time for gaiety and song.

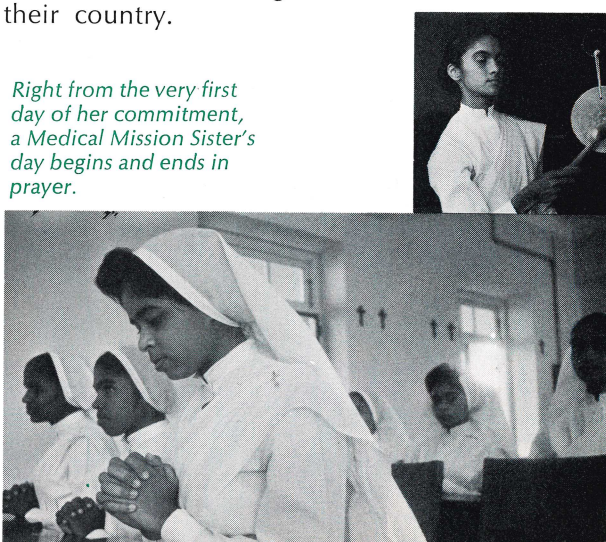
bodies by her membership in professional organizations, inspire and encourage fellow countrymen to lead a life of service.

But by far the greatest contribution which the Indian Sister can make to her country and to the Church consists in the selfless and total dedication of her life and energies to the service of anyone who needs her help and love, regardless of that other person's caste, origin, religion, education. This has not, in the past, come naturally to people whose social contacts and horizons had traditionally and by force of circumstances been limited to members of their own ethnic, religious or social group. Therefore, its manifestation is all the more powerful in its impact and a most telling object lesson on the essential dignity of the human person. It is a lesson which, though officially incorporated into the Indian Constitution, still has to be brought to the level of experience in the hearts of many.

From the time that the first Indian girls made their Profession in the Society, there has been a steady stream of Indian Medical Mission Sisters leaving this Novitiate in Poona and going forth to take their place alongside the Sisters from the United States, Europe and the Philippines already active in the medical apostolate. Many are already holding responsible offices, and several have gone abroad for higher studies in medicine, business administration and other fields. They are rich in promise. It is they who will one day bear the full weight of the Society's work in India and, in so doing, render real and lasting service to their country.

Ringing the bell for prayers, Indian style.

Right from the very first day of her commitment, a Medical Mission Sister's day begins and ends in prayer.



Fiesta

BY SISTER M. PATRICE

There were only a few hours left before the big event! José 7, Nerio 10, Jorge 6, Marco 5, Cirelia 6, Sandra 4, Gladys 7, Zulita 4 and the star of the Christmas show, Idiodolfo 2, were all wide-eyed with excitement. With a snip of the scissors, a couple of staples and some gold-colored scrap paper, Indian headdresses appeared before their eyes. Squeals of wonder escaped as the first headdress transformed a little ebony Cirelia into a real live Indian princess!

Suddenly, plans were changed. Word came to Pediatrics that the "Clown" was to be discharged and the "*Casique*" (Indian Chief) operated on that very day. What to do but go ahead with the long-awaited performance. Excitement mounted. A high chair covered with rock paper made a perfect throne for the Chief (Marco), who was peacefully sleeping through the noisy preparations. Two rocking horses for the the two Indian girls (Sandra and Gladys) at the foot of the throne and small chairs for the rest of the tribe in a semi-circle on either side facing the audience . . . and the stage was set!

At last the hour for visitors arrived. Days of singing informally together under the tutelage of precocious little Zulita had prepared us well for the program. As the "guests" began arriving, we were especially happy to see three members of Nerio's family there—his sister Gladys 14, on a carriage due to her body cast, his mother in the wheel-chair and his father on crutches. All had been hospitalized following an automobile accident a month before.

The great production was about to begin when our star, the Clown

(Idiodolfo), began to pout. His lower lip quivered warningly. As we tried to dress him in the colorful pajamas-made-clown-suit, the storm warnings became increasingly marked. Cirelia would have nothing to do with the whole thing (we found her in a corner so dark, that it looked as though there was only a little white play suit with a white cast at the side, both standing alone). The Indian chief, wide awake now, could only look more severe than ever and wouldn't budge from his mother's side. Zulita, without whom the tune of the "Little Clown" (the main feature) would never sound the same, could only cry and say she wouldn't leave her daddy, even to sing a note.

The "Greatest Show on Peds" went on stage, however, with a new "*Casique*" (Nerio) and unwilling Indians in the audience. The happiest of all was the new Clown Sandra, a lovely little tyke with almond shaped eyes, who squeezed into the clown suit. With her big red felt mouth scotch-taped into place, she made a precious, if rather sedate, clown. She was so thrilled, she wouldn't take the costume off after the show was over. We finally convinced her that supper would be much easier to eat with the "mouth" off and, with a mischievous twinkle in her eye, she agreed.

I was breathing a sigh of contentment that the Grand Show was over at last (successfully, too, after all), when the whole tribe, former weeping ones and all, came trooping behind me and, in one voice, eyes shining, wreathed in smiles, asked expectantly . . . "CAN WE HAVE ANOTHER FIESTA TOMORROW?"

for further information on the vocation of the Medical Mission Sisters, write:

MEDICAL MISSION SISTERS · PHILA. 11, PA. ·

SERVICE

for a missionary
is a reaching out to meet others
at the moment of their need
in a manner they understand
with a concern that is genuine
with head and heart and hands, the full self,
in the gesture

like Christ
Who stood in the midst of men
as One who serves.

WVA members have worked together with the Medical Mission Sisters in Uganda and Ghana for several years. Their generous services are a real contribution to the people of these areas. Miss Mary Ellen Dougherty, present Director of WVA, resides at the Association's headquarters in Washington, DC.

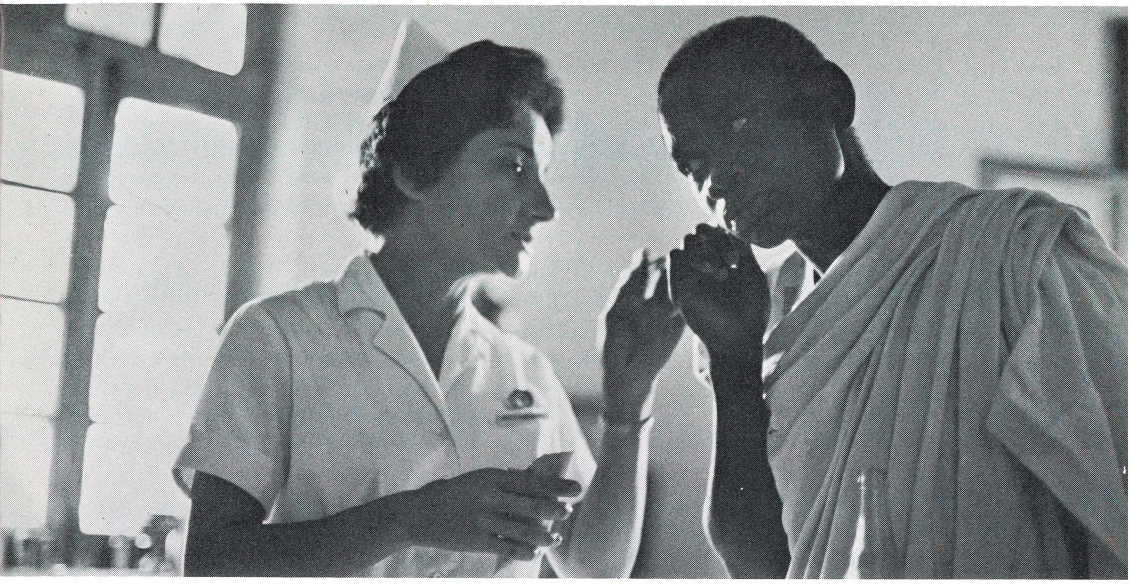
WVA members who have joined the staff of Holy Family Hospital, Fort Portal, Uganda, set up housekeeping in their own little cottage which is adjacent to the hospital.

The Women Volunteers Association, originally called "Women Volunteers for Africa," began in 1959 when five nurses, eager to serve in the missions—anywhere—discovered that the White Sisters of Africa could use their professional skills. After a period of training they were assigned to mission hospitals in Fort Portal and Nkozi, Uganda. Since that time twenty-nine Volunteers—nurses, medical technologists, medical secretaries and teachers—have served for periods of two years or more in mission schools and hospitals in Uganda, Kenya, Nyasaland (now Malawi) and Ghana.

In June, 1960 the group became lay in character, staff and directorate under the authority of the Archbishop of Washington. Each year a new group comes to the WVA House alongside Washington's Rock Creek park for an eight month period of training. During the day they work in their own professions. In the evenings they attend classes in theology, missiology, anthropology, tropical medicine, languages and area studies. In Washington, with its embassies

BY MISS MARY ELLEN DOUGHERTY

VOLUNTEERS for SERVICE



Miss Alba Camargo, R.N., of the Women Volunteers Association examines a patient on safari in Uganda.

and foreign visitors, they learn about the people among whom they will soon live.

The Volunteers began to serve with the Medical Mission Sisters when the latter came to the hospital at Virika Mission, Fort Portal, Uganda in 1963. Since then they have gone to the hospitals of the Medical Mission Sisters in Ghana at Berekum and Techiman. In most of the missions there are at least three WVA members who share a house and divide housekeeping duties.

In mission schools and hospitals, the Volunteers not only minister to the physical and mental well-being of patients and pupils but demonstrate that Americans are not only generous materially but practice the ultimate in giving, the gift of self. While their chief purpose lies in service to others in the name of Christ, there are many incidental benefits. As they help and teach the Africans, they learn much themselves about the country, the customs and, most of all, the people. Above all they earn the love of the people among whom they work, and learn to

love them in return.

The new Archbishop of New Orleans, the Most Reverend Philip M. Hannan, presiding at a recent Departure Ceremony of the Women Volunteers, described them very well when he said: "They speak the Gospel of Christ by giving their talents. Good will is not enough. It is the professional knowledge that makes the good will effective. They are going to places where, above all, there needs to be developed the spirit of charity and the spirit of service. They are answering the call of St. Augustine who said: 'It is not only your tongue that praises God. The work of your hands must keep time with your voice.' "

What is life like for an American girl in an African mission? A graphic answer is supplied in the following letters from Miss E. Gillis Daley, who went to Ghana in the summer of 1964 to work as a secretary in the Medical Mission Sisters' Holy Family Hospital at Berekum. She shares a house there with two nurses, Rose Rahilly and Elizabeth Fitzgerald. All three are members of the Women Volunteers Association.

Aug. 8

Arrived at Holy Family Hospital and was greeted by the most cheerful group of people I have ever met. The hospital is off down a dirt road with forest high on every side. The compound inside the gate is lovely—pink hospital, blue nurses' home and beige convent, surrounded by green trees and bushes and flowers. Our house is a seven-minute walk outside the gate. We have no hot water yet, the lights are run by generator, the refrigerator and stove by bottled gas. The furniture is being made to order and should arrive soon.

Aug. 23

As of today let it be known that one Miss E. Gillis Daley went through first initiation to mission life. I went to market alone. On the road are trenches that catch rain water and you must remember to step over them. Right into the trench I went! Well, on Sunday the market place is busy with Ghanaians sitting and observing and just waiting to finish selling their wares before going home. I was the featured entertainment for the day. I'm sure I shall be welcomed back anytime with anticipation of "I wonder what she'll be doing this time." As everywhere, you are stared at, but you always greet and are greeted in return, so you really don't mind at all.

Aug. 28

Last week in Kumasi I bought an English bike. Riding home after a day at the office, I had a view of the African sunset, which is truly an artist's dream in color and magnificence. "Calamity Jane" is still at it though. I haven't gotten used to brake control on handle bars or balancing stuff with one hand or riding with a dress on. As a result, on the way out of the gate of the compound, which the guard didn't open fast enough, I used the wrong side for brakes and kept right on going into the

barbed wire fence. Also slammed into the bush the other day. But I haven't fallen either time, so there!

Sept. 4

Yesterday I walked into the office and was greeted by the scent of "something crawled in and died." I opened a drawer and discovered a lawless lizard on top of an envelope containing money. He was in a state of permanent rest, proving once again that crime does not pay.

Sept. 17

I had the happiest birthday ever. I received a brand new market basket, a nutrition book, slipper socks, cans of cheese, asparagus and luncheon meat, a pencil sharpener, gold bobby pins and a large size box of band-aids. When I arrived at work there was a "HAPPY BIRTHDAY" typed in the typewriter from the Sister with whom I work. She said Hallmark hadn't reached Berekum yet. A few of the student nurses came, alone and at different times, and shyly handed me a card made by them on the backs of old Christmas cards, written verse style (their own). After giving them to me they ran away giggling. Really, they are so dear.

Sept. 24

I had a delightful time walking through the village, greeting each and every man, woman, child or baby along the way. I greet them in their language and they greet me in ours. There is so much sickness, disease and death. Yet the people accept it with simple common sense and not a trace of bitterness. They are always cheerful and smiling. Truly the people and this country, with its beauty and untouched naturalness, are wonderful. In this modern-day jet age it brings back to mind the true values of life which are often lost in the mad rush.

Sept. 30

Tuesday night was my second class in social etiquette for the student nurses. I'm both teaching and learning and having a good time with these girls. I decided to map out some rules to follow when giving an impromptu speech or listening to one. One of the rules is always behave like a lady and sit gracefully!

Oct. 2

Going to market is a real adventure. I went into the village yesterday and when I reached the meat house, half the meat men were at the threshold to greet me, all saying at once, "You want meat today, Sister?" (They call all of us from the hospital that.) I told them yes, and walked in and went from one slaughter table to another—and this time I didn't even *think* of getting sick

The liver man cut a piece and said 10 shillings. I said, "Oh no, too much." He threw it down and said, "Sorry, Sister." So I went to the beef man for a steak. He said "20 shillings" and I said, "No, 14." I had an audience of all the rest of the meat men, women and children cheering me on and clapping every time I refused a price and enjoying themselves almost as much as I was. Needless to say, I got my price for steak. The liver

was my next problem, so another meat man said he'd try to get it for me. He brought it over and said "7 shillings." I said "5" and he said "O.K." Then I told him I wanted a second piece of liver and everyone was delighted. (After all, this was a three-ring circus for them, and for free.) The man brought a smaller piece over and said "5 shillings." I said "2 shillings for that one—I need more." He brought one little piece. I said "more," and he said "another one would be more expensive." I said "5 shillings for another one added to the 2-shilling one," and he brought it over and said "O.K." Everyone cheered, clapped and yelled, "Yea, Sister!" The meat men asked if I would be back again tomorrow, and I said not until next week. They said, "Come Monday for SPECIAL meat for YOU!"

Oct. 12th

My business office here is a little different from the one back home. There I might have questioned if I heard my boss call out from his office: "Would you please ask St. Anthony to find a file I've lost?" Instead, I reply, "Of course" and presto! no sooner requested than fulfilled. P.S.—You have to have complete faith in him though.

I looked out my office window yesterday to see Sister-doctor who teaches Surgical Nursing rushing to class with a "prop" borrowed from Pediatrics (a baby slung over one hip, books in her free hand). And this morning, on the way back to the office from the nurses' library, one of the students offered to carry my heavy portable typewriter for me and did—on her head!

Oct. 18th

Just for the record, let me clue you in on my position as a "missionary." I'm in a different capacity than my companions, Liz and Rose, who are in supervisory positions at the hospital. As a result, the students in my class and outside are able to observe a normal (supposedly!) lay person leading an ordinary life. Through my class and their questions I get an insight into their thinking and give them a view of life outside Africa.

THE MEDICAL MISSIONARY

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✠

Sister M. Xavier Boeckmann was born in Pacific, Missouri, on July 15, 1909 and grew up in Arkansas. She entered the Society of Catholic Medical Missionaries in 1930 and made her first religious profession on December 8, 1931, in Washington, D.C. She died on September 9, 1965 at the Provincial headquarters in Philadelphia.

In the 34 years of her religious life, Sister Xavier has held many positions of responsibility in our Society. She served as Local Superior in Philadelphia, Atlanta, St. Louis, and Osterley, England. For nine years, she held the position of Novice Mistress in India. From 1957 to 1962, Sister was Novice Mistress in Philadelphia.

✠

Sister M. Ann Harley was born in Cork, Ireland on May 12, 1891. She entered the Society in 1928 and made her first religious profession on August 15, 1929. Sister died in Philadelphia on October 31, 1965.

Sister Ann, one of the pioneer members of the Society, filled many important posts in her 36 years as a Professed Sister. She went to India in 1933 and pioneered in Patna, Maracaibo and South Shields. She put her many talents at the Society's disposal and gave herself generously to the many tasks she was asked to fulfill.

✠

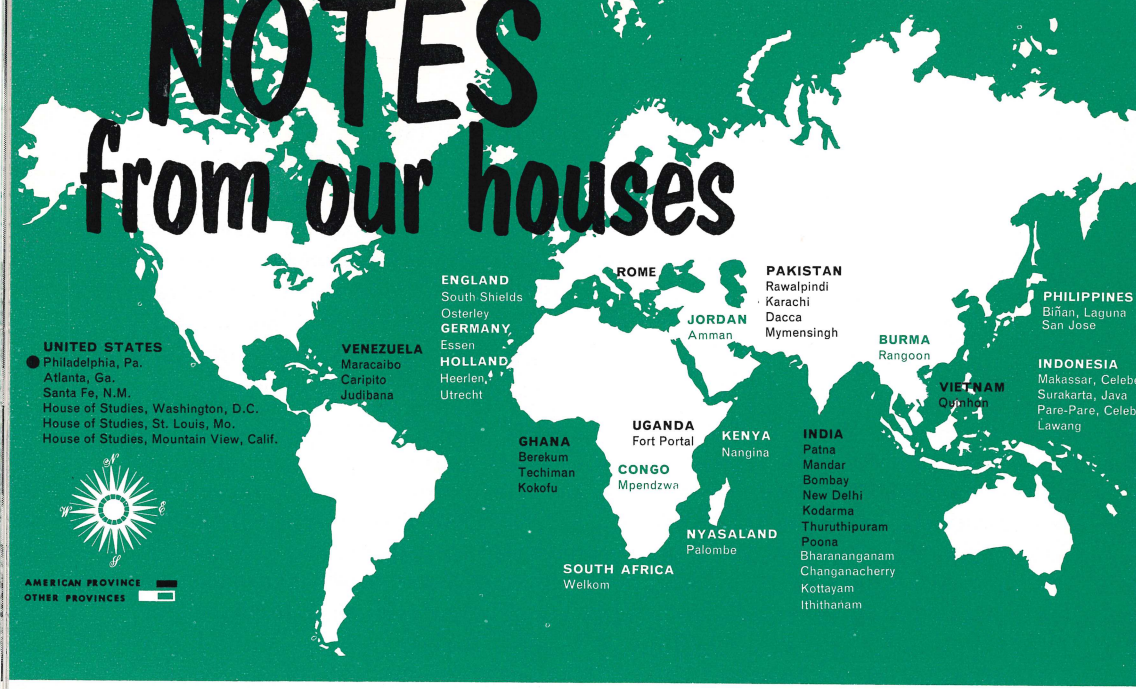
Rev. Thomas C. Duffy, C.S.C., who served as chaplain for the Medical Mission Sisters in Philadelphia for a total of ten years, died on September 30th, the day which marked the fortieth anniversary of the Society. Through the years Father Duffy's example as a religious, his genuine interest in and love for all that concerned the Society, his dedication to duty and willingness to be of service to everyone, have been a constant source of edification.

BLESSED ARE THOSE WHO DIE IN THE LORD +

Please pray for our deceased benefactors:

Most Rev. James J. Navagh, DD, Paterson, N.J. ✠ Rt. Rev. Msgr. Charles A. Dibbins, Kansas City, Mo. ✠ Rt. Rev. Msgr. George L. Murphy, Conshohocken, Pa. ✠ Rev. John C. Daniel, Phila. ✠ Rev. John J. Foley, Wilmington ✠ Rev. Thomas Kearney, Hatfield, Pa. ✠ Rev. William N. Killian, Phila. ✠ Rt. Rev. Msgr. James E. King, Atlanta ✠ Rev. James E. Lynch, Orleans, Mass. ✠ Rev. Thomas J. McCormick, Wilkes-Barre, Pa. ✠ Rev. Eugene F. J. Maier, Phila. ✠ Mr. E. H. Beckert, Drexel Hill, Pa. ✠ Mr. J. J. Bouvier, Brownsburg, Ind. ✠ Mr. Jacob E. Braband, Queens Village, N.Y. ✠ Mr. Frank J. Buerger, Pittsburgh ✠ Mr. Richard L. Cole, Phila. ✠ Miss Anna C. Gannon, Phila. ✠ Mr. Carl F. Gloor, Phila. ✠ Miss Anne T. Horton, Elmhurst, N.Y. ✠ Miss Catherine R. Hunt, Brooklyn, N.Y. ✠ Mr. Frank Landvoigt, Wash. D.C. ✠ Mr. Cornelius J. Leary, Longmeadow, Mass. ✠ Mr. Edw. F. Leonard, Evergreen Park, Ill. ✠ Miss Kathryn McBride, Phila. ✠ Miss Catherine Maher, Phila. ✠ Mrs. John Meislohn, Massapequa Park, N.Y. ✠ Mrs. Nola Nienstedt, Queens Village, N.Y. ✠ Mrs. Edw. P. Sampson, Wauwatosa, Wis. (mother of Sr. M. Zita, SCMM) ✠ Miss Pauline Stolteben, Itasca, Ill. ✠ Mr. Anthony Sweeney, Phila. ✠ Miss Catherine A. Sweeney, Hyattsville, Md. ✠ Mrs. Joseph Toland, Phila. ✠ Mr. George H. Town, Utica, N.Y. (father of Sr. Bernadette Marie, SCMM) ✠ Mrs. Edw. Wagman, York, Pa. (mother of Sr. M. Killian, SCMM) ✠ Mr. Mathias H. Weiden, N.Y. ✠ Mr. Thomas Whooley, Lindenhurst, N.Y. ✠ Miss Catherine V. Winter, Forest Hills, N.Y. ✠ Mr. Peter Getz, Phila. ✠

NOTES from our houses



ROME

40th Anniversary

On September 30th, the Medical Mission Sisters celebrated the 40th anniversary of their founding. Since 1925 the Society has spread from the little house on Newton Street in Washington, D.C. to 19 countries on 5 different continents. The founding four have multiplied and now number 700 Sisters in 50 foundations around the world, all dedicated to the one task of serving the sick in the name of Christ.

"The 40th anniversary is not a jubilee, yet as one priest remarked, 'Whenever there is a zero added to a number of years, there is justification for a joyful pause'—a counting of blessings, a humble acknowledgment that all good comes from God, that He prospers our intentions and doings in spite of our weakness and failings, that we are privileged to live in the house of the Lord and dwell together in unity. Let us be thoughtfully grateful for everything God has bestowed on us, individually and as a Community, and through us to many others in different parts of the world. Let us sing the TE DEUM with sincere fervor on this 40th anniversary and also say it privately occasionally the next few days or weeks to steep us more in the habit of praising God for everything. As usual on such occasions we shall all be united in spirit and prayer and remember also especially our deceased Sisters, relatives and benefactors. We shall have the Holy Sacrifice of the Mass offered for them here."

Mother Anna Dengel

INDIA

The Main Ingredient

The other day I went in to say goodbye to one of the private patients. She had been quite pleased about everything connected with her hospital stay. The praise was, I thought, a little superfluous and when she said she was going to write and tell her sister all about Holy Family Hospital, Delhi, (her sister is a doctor doing post-graduate work in one of the big teaching hospitals in the U.S.) I said, "I hate to disillusion you, but I don't think your sister is going to be so very impressed. She also has a big hospital in which to work." It was then she set me thinking.

"No, Sister, you're thinking mainly of the building, the equipment, etc. My family has money and we can afford the best in medical care, but the most valuable thing provided here doesn't appear on the bill. It's something I can't quite name, a very personal attention and real affection given to me as an individual." I couldn't resist answering, "Oh, we have a name for that. It's called Christian Charity." But she was quite right. It is much too valuable to be either bought or sold; it can only be given away.

Sister M. Suzanna
Holy Family Hospital, New Delhi

WASHINGTON, D.C.

Worldmission Award

Congratulations to the Zirkel-Neumann family of New York, recipients of the WORLDMISSION award at the annual Mission Secretariat Meeting in Washington, D.C., this September. Mr. and Mrs. George H. Zirkel and Mr. and Mrs. Edward Neumann are well known to the Medical Mission Sisters of Fox Chase. For over 25 years, the Sisters have benefited from their generous efforts to help. Card parties, dances, theater parties and amateur dramatics; free printing services, fashion shows, rummage sales, a six-day-a-week Christmas store; clambakes, donut parties and swimming parties; basketball games, cake sales and a dime-a-week club have succeeded in raising over $200,000 for missionaries on five continents, with more than half of this going to support Medical Mission Sisters' hospitals around the world. There are 104 living descendants of the late Mrs. John Neumann, who gave the first card party which grew into the Medical Mission Sisters New York Auxiliary. Except for the infants, all of her descendants, with their husbands and wives, in-laws and friends, have been involved in this effort. On returning home from

Sister M. Pius presents the WORLDMISSION award to Mr. and Mrs. George H. Zirkel (left) and Mr. and Mrs. Edward Neumann for their outstanding contributions to the work of the missions.

receiving the award, Mrs. Zirkel's 10-year old granddaughter met her with, "How was it, grandma?" "Wonderful," she replied. "I only hope I can go on helping the Sisters. I'm getting old." Kathy assured her: "We'll help, and we'll go on when you can't." For the countless sick and suffering who have been helped through the deeply Christian love of this outstanding New York family, Medical Mission Sisters around the world say a warm and grateful: "Thank you!"

INDIA

How About That!

Poona is a growing, sprawling city made up, as are so many Indian towns, of a cantonment area and the city proper. The city teems with people, since many families live in each one of the buildings that line the streets without interruption. For anyone with a sense of adventure and the taste for an audience, there can be no more rewarding experience than to try to find a given house in Poona City. We were on just such a quest one day. The driver had said that he knew the house, so no one bothered to check the address. When we got to where he thought the house was, he stopped, turned around and made the flat announcement: *"Bhul gaya"*—I have forgotten. Then the fun began. We drove around and around the various winding streets, but the blank expression remained on the driver's face. Finally we stopped to ask some people if they knew the person we were looking for, but of course the first question they asked was, "What is the address?" An embarrassed silence followed, relieved only by the laughter of the little crowd that had begun to gather from nowhere. It was obvious that we *had* to have the address, which was securely hidden in a desk drawer at home. The only solution was to find a telephone. After a few minutes of walking around, the driver came to say he had found one, so I followed him into a flat where, evidently, no one with a red face and a white habit had ever entered before, judging from the surprised crowd of children who gathered outside and laughed and hooted as I emerged, triumphantly holding the address in my hands. The children followed me back to the car to join the crowd of fifty or more who had gathered around it. They all anxiously waited to hear the address. "314 *Sadashiv Peth*," I said proudly. But no one seemed impressed. "Old or new numbers?" How was I to know? Not that it really mattered, for the numbers are not in order anyway, and as for the street, the city is divided into sections, and every street in each section bears the same name. At most, knowledge of a number will narrow down the search by a few of the many streets involved. Anyhow, someone finally suggested that we ask the police. We thanked them for their help and drove off through the crowd, to the waving and laughing of chil-

dren and many adults. The police did not know where the number was either, so in defeat we began to drive away from the area when the driver suddenly stopped the car, jumped out and ran into a building. Sure enough, it was *the* place—and it was at the same spot where he had first announced *"bhul gaya!"*

Sister M. Benet
Poona Novitiate

UGANDA

Slip Of The Tongue

Indeed it is a beautiful country here with mountains and hills and streams and thousands of banana trees and everything so very green. It really makes me want to sing. As for music, we are doubly blessed. *Two* people in our house can play the piano, and what is more unusual out here, we have a *piano!* One of my funniest mistakes with the Rutoro language occurred with the house boy. For three months I thought I was saying, "I want you to do such and such," "but I was really saying, "I *love* you. Do such and such." It's amazing he worked so hard!

Sister M. Darrah
Holy Family Hospital, Fort Portal

PHILADELPHIA

Lots for Little

Best wishes to you, LOTS FOR LITTLE THRIFT SHOP, on your 35th anniversary. Founded by Miss Agnes Franklin Keyes in the heart of New York City in 1930 for the benefit of the Medical Mission Sisters, the shop today also supports 9 other charitable organizations. Since its opening, it has contributed well over $55,000 to the Medical Mission Sisters alone. The shop depends almost entirely on a dedicated volunteer staff who faithfully give their time and talent, year after year, to this venture. At the present time, LOTS FOR LITTLE is looking for more volunteers to help continue its work.

Sister M. Angelica (left) and Mother Anna Dengel with the volunteer staff of LOTS FOR LITTLE THRIFT SHOP. Left to right: Mrs. Charles Belt, Mrs. Osborne McKegney, Mrs. Mark Hughes (Pres.), Mrs. Andrew Shea and Mrs. Alexander McDonnell.

Anyone living in New York and able to volunteer her services at the shop, please contact: LOTS FOR LITTLE THRIFT SHOP, 1343 Third Avenue, New York, NY 10021, or phone: TR 9-3498.

WEST PAKISTAN

Just in Case

Last Spring, gas for cooking was made available in our area and we were one of the first institutions in Pindi to convert our kitchen to gas. We had been using wood stoves

up until then. For weeks our employees watched as pipes and appliances were installed. Finally the great day came when everything was connected and checked and the first full meal was cooked by gas. Shortly before dinner Sister happened to walk through the back room where the old wood stove was parked. She smelled something and realized there was a fire burning in the stove. When asked for an explanation, Rahim, the baker, said: "I am baking cakes." He had placed half of his tins of batter "in that new fangled oven" but had put the other half into the old wood stove "just in case!"

Sister M. Petra
Holy Family Hospital, Rawalpindi

EAST PAKISTAN

By Bike and Boat

Last Sunday, four of us went for a bike-hike to one of the missions about fourteen miles away. The last three miles cut across some rice fields. The ridges around the fields are hard and bumpy at this time of the year, so we had to walk most of the way except for a few stretches where some took a fancy to imitating tight-rope experts. Our muscles, not used to such capers, were a little reluctant on the way home, so we elected to return by river-boat. It was great fun and completely new territory to all of us. We were crossing one river on a small boat, with our cycles stacked at one end and ourselves at the other, when we sailed into a small fishing port. Two groups of fishermen with baskets and baskets of fish in their boats were at the height of a verbal war. What it was all about I'll never know, but we breezed right between the crafts of the two main contestants. One of them seized the opportunity to make a quick getaway toward the Bay of Bengal and the open sea, while the rest of the village helplessly waved their fists in the morning air. Blessed are those who—unwittingly—spread the Gospel of peace! I love these scenes from life you meet at every turn. As we crossed villages on our way home, the youngsters, unaccustomed to such a sight, cheered us on as if we were on the *Tour de France* or something. We responded, of course, with the modesty of true heroes.

Sister M. Loyola
Holy Family Hospital, Dacca

YOUR WILL

Your will can help the Medical Mission Sisters bring Christlike charity through their medical work to areas of greatest need around the world. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____ for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

HIGHLIGHTS and INSIGHTS

"Hunger and misery, sickness and ignorance still cry out for remedy. In this age of plenty and of brotherhood, we do not hesitate to make our own once more the pleas of the innumerable poor and suffering today, in need of genuine and substantial relief. You, good and generous men who are in a position to help the hungry and the suffering, those in misery and in a state of abandonment, hear in our voice the divine and human voice of Christ our Brother in every human need."

Pope Paul VI
Christmas Message, 1964

PROJECT VIETNAM is a pioneer program in recruiting physicians on a large scale for volunteer service to the civilian population in South Vietnam. The need is obvious, and so is the long range potential. Almost without exception, American physicians who have served in the war torn Southeast Asian nation have voiced the need for medical help on a large scale. Even without war, South Vietnam's medical problems have been great. Now, with more than 60% of the nation's physicians in uniform and war casualties mounting among the civilian population, these problems are insurmountable without outside help. PROJECT VIETNAM presents a challenge to American medicine. Here is an opportunity to perform a service which no amount of propaganda from Hanoi can counter. Prompt and enthusiastic response will demonstrate the United States' hope of health, peace and opportunity for all peoples. Inquiries should be directed to: PROJECT VIETNAM, 2233 Wisconsin Ave., N.W., Washington, D.C. 20007

AMA NEWS
August 16, 1965

An 11-week course on leprosy was held in Venezuela in May of this year. It was organized by the Pan American Sanitary Bureau, which acts as the WHO Regional Office in the Americas, in cooperation with the Venezuelan health authorities.

The aim of the course was to teach the latest techniques for the prevention of deformities and the rehabilitation of patients already incapacitated by the disease, with emphasis on non-surgical methods.

Some idea of the seriousness of the leprosy problem in the Americas may be gained from the latest

statistics available. According to these, there were 167,038 cases in 18 countries by the end of 1963. Only 53.6% were under medical care.

WHO CHRONICLE
May 1965

Pope Paul called for the formation of more emphatic and dynamic principles of "true womanliness." He appeared at a window overlooking St. Peter's square for the noon blessing and called on the crowds to join him in prayer "for the efficacious presence of Christian women in the contemporary world.

"Let us pray that women may understand and conquer the new horizons open before them . . . so that their presence may truly bring goodness, beauty, love, decent living and hope."

THE CATHOLIC ACCENT
June 10, 1965

At the Second American Medical Association Conference on International Health last October, Charles L. Hudson, MD, a member of the AMA's Board of Trustees, said: "In today's world, rampant with political, economic, and military unrest, in today's world that has shrunk in size through the marvel of modern-day communications, we in the field of medicine hold an important key to world friendship. We possess medical knowledge—one of the world's most precious assets—and we realize that international medicine, shared with all the peoples of all the earth, is a powerful force for truth, compassion and human service."

The AMA NEWS
December 7, 1964

"God created nations not for them to be in conflict with one another, but for them to love one another and to place at the service of all, through brotherly exchanges, the gifts which each one has. The Church respects, therefore, and has great esteem for the characteristics and noble traditions of every ethnical group, but it wishes above all to see them united in a spirit of real brotherhood."

Pope John XXIII

Upon graduation from medical school, India's young physicians may face a period of compulsory service in rural areas. President Radhakrishnan has proposed that "just as students in some countries are required to spend two years in the army on completion of studies, some kind of compulsion should be used in India so that the large number of people in rural areas might get the benefit of the advanced knowledge of doctors." The question of how to supply medical aid to the villages, where four out of five people in India live, has become a focus of controversy in the country.

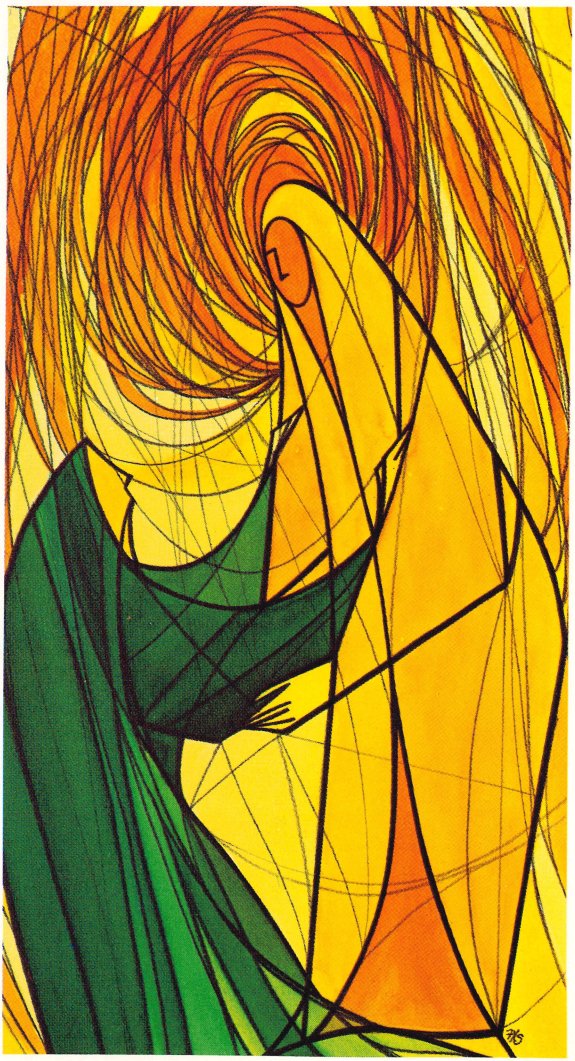
MEDICAL WORLD NEWS
February 26, 1965

THE VISITATION

child of God
child with God
there is a world in need of you
souls ripe for responding to
the Christ you carry

love leaps in haste to seek and serve

Sister Miriam Therese S.C.M.M.



A word from our Sister-nurse:

"It hurts us to needle you but . . .

Holy Family Hospital, Gudibana, Venezuela, is stuck. Its new public health clinic is fast running out of supplies. Will you come to the rescue?"

NAME_____

STREET_____

CITY_____ STATE_____

MEDICAL MISSION SISTERS
Philadelphia 11, Pa.